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PTO/SB/52 (10-05)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 23578-0010	
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Medrad, Inc.</u> and the title of my position with said assignee is: <u>Assistant Secretary & Director of Intellectual Property</u> The entire title to the patent identified below is vested in said assignee.			
Inventor <u>Arthur E. Uber, III</u>		Citizenship <u>USA</u>	
Residence/Mailing Address <u>7426 Ben Hur Street, Pittsburgh, Pennsylvania 15208</u>			
Inventor <u>Seid Waddell</u>		Citizenship <u>USA</u>	
Residence/Mailing Address <u>5302 Schureck Court, LaGrange, Kentucky 40031</u>			
<input checked="" type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.			
Patent Number <u>5,494,036 & RE36,648</u>		Date of Patent Issued <u>2/27/96 & 4/11/00</u>	
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"><p>PATIENT INFUSION SYSTEM FOR USE WITH MRI</p></div> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>April 7, 2000</u> as reissue application number <u>09</u> / <u>545,582</u> and was amended on <u>4/7/00; 5/25/00; 5/13/02; 9/30/02; and 1/24/06</u> (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input checked="" type="checkbox"/> by reason of other errors.			

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

2,578-0010

At least one error upon which reissue is based is described as follows:

- 1) Applicants claiming less than they had the right to claim;
- 2) One or more inventor(s) incorrectly not named in the patents

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:



Practitioners associated with Customer Number:

29052

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:



The address associated with Customer Number:

29052

OR

Firm or
Individual
Name

Address

City

State

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Country

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WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is attached.

Signature

Date

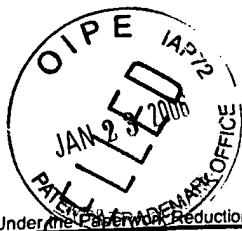
1/24/2006

Full name of person signing (given name, family name)

Gregory L. Bradley

Address of Assignee

Medrad, Inc., One Medrad Drive Indianola, PA 15051



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PTO/SB/02A (09-04)

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

John

Stulen

Inventor's
Signature

Date

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Country US

Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

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Manley

Inventor's
Signature

Date

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State MD

Zip 21702

Country US

Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Salvatore J.

Dedola

Inventor's
Signature

Date

Residence: City New Kensington

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Mailing Address 321 Lynn Ann Drive

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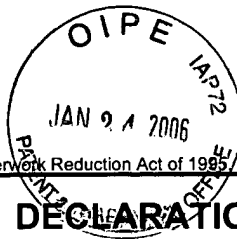
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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gordon C.		Newell	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Safety Harbor	FL	US	USA
Mailing Address 129 Woodcreek Drive			
City	State	Zip	Country
Safety Harbor	FL	34695	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
N/A			
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
N/A			
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Medrad, Inc.

Application No./Patent No.: 09/545,682 Filed/Issue Date: April 7, 2000

Entitled: Patient Infusion System for Use with MRI

Medrad, Inc., a Pennsylvania corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 006897, Frame 0942, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

William L. Warren
Signature

1-24-06
Date

William L. Warren, Reg. No. 36,714

404-853-8000

Printed or Typed Name

Telephone Number

Attorney at Record
Title

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